

# Oregon School-Based Health Centers Standards for Certification, Version 4

## Introduction

The School-Based Health Center (SBHC) program supports communities in promoting the health and well-being of the school-age population through evidence-based best practices within a public health framework.

Oregon's certification process was originally implemented in 2000 with the goal to standardize the SBHC model by increasing emphasis on best practices, reducing site-to-site variability, increase the ability to study clinical outcomes and increase the potential for insurance reimbursement. In 2014, Oregon Administrative Rules 333-028-0200 through 333-028-0250 were adopted to establish the procedures and criteria the Oregon Health Authority shall use to certify, suspend and decertify SBHCs. Certification of a SBHC by the SBHC state program is voluntary; an operating clinic is free to choose not to participate in certification and still operate. Only certified SBHCs are eligible for funding from the Oregon Health Authority.

[SBHC Certification Process Graphic]

## Section A: Certification process<sup>1</sup>

### A.1 Requirements of certification

- a. An individual with legal authority to act on behalf of the entity that administers a SBHC may apply for certification of a SBHC by submitting a SBHC Certification Application to the Authority via electronic mail to the program's electronic mail address posted on the program's website or by mail to the mailing address posted on the program's website, [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc). Instructions and criteria for submitting a SBHC Certification Application are posted on the program's website.

### A.2 Administrative procedures

- a. Initial certification of a SBHC involves the completion of all of the following:
  - (1) State-required initial application; and
  - (2) On-site verification review from the State Program Office (SPO).
  - (3) An individual may submit an application for more than one SBHC provided that each SBHC will be administered by the same entity and each SBHC individually meets the certification requirements. The program shall review the application within 30 days of receiving the application to determine whether it is complete.
  - (4) If the program determines that the application is not complete, it will be returned to the applicant for completion and resubmission.
  - (5) If the program determines that the application is complete it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0220. If the program determines that on the face of the application and in reviewing any other applicable documents that the SBHC meets the certification requirements the program shall:
    - i. Inform the applicant in writing that the application has been approved;
    - ii. Request the applicant complete the program's online Operational Profile forms prior to the on-site verification review;
    - iii. Schedule an on-site verification review; and
    - iv. Provide a program orientation, which at least one representative from the SBHC must attend within one year of certification application approval date.
  - (6) If a SBHC does not meet certification requirements in their certification application, the Authority may choose one of the following actions:
    - i. The program may deny SBHC certification if the SBHC does not meet the requirements of these rules. The program will provide the applicant with a clear description of reasons for denial based on the certification standards in the denial letter. An applicant may request that the program reconsider the denial of SBHC certification. A request for reconsideration must be submitted in

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<sup>1</sup> (see OAR 333-028-0200 - OAR 333-028-0250)

writing to the program within 90 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the program's decision is in error along with any supporting documentation. The program shall inform the applicant in writing whether it has reconsidered its decision; or

- ii. The program may approve the applicant's SBHC certification based on an agreed upon timeline for a corrective action plan for the non-compliant requirements. The site must submit a waiver to the program that includes an explanation of the non-compliant requirements, a plan for corrective action and date for meeting compliance.
- (7) A certified SBHC must renew its certification no later than October 1 each year via the program's online Operational Profile forms in order to remain certified.
  - (8) The program will notify SBHCs of their certification renewal status by January 1 each year.
  - (9) Once a SBHC is certified, the certification status is effective for the following certification year.

### A.3 Transfer of sponsorship

- a. SBHCs may transfer sponsorship to a new entity to provide medical oversight. Sponsoring agency is defined in OAR 333-028-0210.
- b. Transfer of sponsorship involves the completion of a State-required transfer application. In the event of a sponsorship transfer, the program will take action in compliance with OAR 333-028-0230 (Section A.2(2)-(8)).
- c. Once a SBHC transfer application is approved, the certification status is effective immediately.

### A.4 Verification review

- a. The program shall conduct one on-site verification review of each approved SBHC within one year of application approval to determine compliance with SBHC certification requirements.
- b. After the initial on-site verification review, the Authority shall conduct an on-site verification review every two years for a representative sample of certified SBHCs in each SBHC system.
  - (1) SBHCs will be notified, in writing, no less than 30 days before its scheduled verification review.
  - (2) SBHCs must permit program staff access to the site's place of business during the review.
  - (3) The verification review must include, but is not limited to:
    - i. Review of documents, policies and procedures, and records;
    - ii. Review of electronic medical record systems, review of electronic health records systems, and review of practice management systems;
    - iii. Review of data reports from electronic systems or other patient registry and tracking systems;
    - iv. Interviews with practice management, clinical and administrative staff;
    - v. On-site observation of practice staff with at a minimum two school-aged patients, with the consent of the patient, or parent/guardian; and

- vi. On-site observation of patient environment and physical environment during business hours.
- (4) Following a review, program staff may conduct an exit interview with SBHC representative(s). During the exit interview the program staff shall:
  - i. Inform the SBHC representative(s) of the preliminary findings of the review; and
  - i. Give the SBHC representatives(s) a reasonable opportunity to submit additional facts or other information to the program staff in response to the findings.
- (5) Within two weeks of the on-site visit program staff must prepare and provide the SBHC with a written report of the findings from the on-site review.
- (6) If no certification deficiencies are found during the review, the program shall issue written findings to the SBHC indicating no deficiencies were found.
- (7) If certification deficiencies are found during the on-site review, the program may require action items to be completed within an accepted timeline and plan or take action in compliance with OAR 333-028-0250 (Section A.5).
- (8) The program may conduct a review of a certified SBHC without prior notice of any or all selected certification requirements for compliance and perform a verification on-site review of a certified SBHC if the program is made aware of issues of compliance from any source.
- (9) At any time, a SBHC may request an administrative review of compliance, which includes one on-site visit. The review will be considered a "no penalty" review with the exception of gross violation or negligence that may require site closure or temporary suspension of services.

#### A.5 Compliance/waiver requirements

- a. SBHCs must notify the program within 20 calendar days of any change that brings the SBHC out of compliance with the certification requirements. SBHCs must submit a waiver to the program that includes an explanation of the non-compliant requirement, a plan for corrective action and date for meeting compliance.
- b. The program will review the waiver request and inform the SBHC of approval or denial of the waiver within two weeks of submission.
- c. If the waiver is approved the SBHC must comply with certification requirements by the proposed date of compliance.
- d. If a waiver is denied; a SBHC does not come into compliance by the date of compliance stated on the waiver; or the SBHC is out of compliance with certification requirements and has not submitted a waiver the program may:
  - (1) Require the SBHC to complete an additional waiver with an updated plan for corrective action and updated date for meeting compliance;
  - (2) Issue a written warning with a timeline for corrective action; or
  - (3) Issue a letter of non-compliance with the notification of a suspension or decertification status.
- e. SBHCs with its certification status suspended may have its suspension lifted once the program determines that compliance with certification requirements has been achieved satisfactorily.
- f. SBHCs that had been decertified may be reinstated after reapplying for certification.

- g. If there are updates to the current rules that require a SBHC to make any operational changes, the program will allow the SBHC until the beginning of the next certification year or a minimum of 90 days to come into compliance.

## Section B: Sponsoring agency

### B.1 Sponsoring agency requirements

- a. A sponsoring agency is an entity that provides a SBHC or contracts with another entity to provide one or more of the following:
  - (1) Funding;
  - (2) Staffing;
  - (3) Medical oversight;
  - (4) Liability insurance;
  - (5) Billing support; and
  - (6) Space
- b. SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor.
- c. Each SBHC shall have a designated Site Coordinator who is employed by at least one of the SBHC sponsoring agencies. The Site Coordinator is the primary contact to the SPO and act as a liaison between the SBHC, SPO, local public health authority (LPHA) and other SBHC community partners. They are responsible for attending SPO meetings, preparing for and attending verification site visits, and completing the Operational Profile.
- d. SBHCs shall have a designated SBHC Administrator with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC.
- e. SBHCs shall designate a Quality Assurance Coordinator who is responsible for the SBHC's quality improvement processes.
- f. Medical sponsorship requirements shall include:
  - (1) Medical liability coverage;
  - (2) Ownership of medical records; and
  - (3) Medical oversight
- g. Each SBHC shall have a designated Medical Director, who is employed by the medical sponsoring agency. The Medical Director must be a M.D., D.O., N.D. or N.P. licensed to practice independently in Oregon with the population being served. The Medical Director must have prescriptive authority and be actively involved in development of clinical policies and procedures, review of medical records, and clinical oversight.
- h. All sponsoring agencies must have a signed written agreement describing their roles and responsibilities in SBHC operations.
- i. The LPHA retains the right to approve use of public funds to provide public health services on the local level (Oregon Revised Statutes [ORS] 431.375 section 3) and thus has first right of refusal to become the SBHC medical sponsor when public funds are awarded for SBHCs. LPHAs shall designate a Health Department Primary Contact who is responsible for communication/liaison between the SBHC and LPHA.

## Section C: Facility

### C.1 Facility requirements

- a. SBHCs are defined as space located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization used exclusively for the purpose of providing primary health care, preventive health, behavioral health, oral health and health education services (ORS 413.225). Oregon's SBHC model excludes mobile health units/vans.
- b. A copy of patient rights and responsibilities and Notice of Privacy Practices (NPP) must be posted in clear and prominent location.
- c. Though there may be differences in SBHCs from site to site, and multiple-use spaces are allowable, the following must be present within the SBHC:
  - (1) Waiting/reception area;
  - (2) Exam room(s) with sink;
  - (3) Bathroom facility;
  - (4) Office area;
  - (5) Secure records storage area as required by State and Federal law;
  - (6) Secure storage area for supplies (e.g. medications, lab supplies, vaccines);
  - (7) Designated lab space with sink and separate clean and dirty areas;
  - (8) Confidential phone (placing confidential phone calls and receiving confidential messages); and
  - (9) Confidential fax (SBHC staff access only).
- d. The SBHC shall maintain staff and patient safety as required by State and Federal law.
- e. The design of clinic space and staff practice should support client confidentiality. The clinic must have:
  - (1) One exam room for each provider onsite during operational hours; and
  - (2) Provisions for necessary sound and sight security for private examination and conversations, both in person and on the telephone.
- f. A facility floor plan (to scale) must be submitted for approval to the SPO with the initial certification application.

## Section D: Operations/staffing

### D.1 Hours of operation and staffing minimum requirements

- a. SBHCs must be open and offering clinical services (medical, behavioral and/or oral health) a minimum of three days/week when school is in session.
- b. SBHCs must be open for services at least 15 hours/week, with availability for same day and scheduled appointments during these hours.
  - (1) SBHC staff shall include onsite at a minimum:
    - i. Office/Health/Medical Assistant — 15 hours/week;
    - ii. Primary care provider (M.D., D.O., N.P., N.D., P.A.) — 10 hours/week, at least two days/week;
    - iii. An additional 10 hours/week must be provided by a medical, behavioral or oral health professional and may include M.D., D.O., N.P., N.D., P.A., D.M.D., E.F.D.A., R.D.H., R.N., L.P.N., and/or a QMHP;<sup>1</sup>
    - iv. At least one licensed medical professional (e.g., M.D., D.O., N.P., N.D., P.A., D.M.D., E.F.D.A., R.D.H., R.N., and/or L.P.N.) and/or QMHP (as defined in OAR 309-019-0100 to 309-019-0220) must be available onsite each day the SBHC is open.
    - v. Staff should not be onsite alone during hours of operation. If SBHC model includes planned staff time alone, the SBHC should have a written safety plan with agreement from school, clinic partners and LPHA to provide protection from property loss, HIPAA violations or personal injury.

**Table 1: SBHC Minimum Staffing Requirements**

| <b>SBHC Staffing Type</b>   | <b>Minimum Hours per Week</b> | <b>Minimum Days per Week</b> |
|---|-------------------------------|------------------------------|
| Office/Health/Medical Assistant   | 15 hours                      | Unspecified                  |
| Primary Care Provider   | 10 hours                      | 2 days                       |
| Additional Health Provider (Primary Care/Behavioral Health/Oral Health) | 10 hours                      | Unspecified                  |

- c. SBHC must have a strategy to ensure the clinic provides a youth-centered environment.
- d. Hours of operation must be clearly posted outside clinic entrance.
- e. SBHCs must demonstrate a mechanism to reassign administrative requests, prescription refills, and clinical questions when a provider is not available.
- f. Information on how to access care outside of clinic hours or when the provider is not available shall be posted outside the main entrance of the SBHC and available by telephone answering or voice mail system that is accessible 24 hours a day on a direct phone line.
- g. Electronic and printed materials should be accurate regarding SBHC services and hours.

<sup>1</sup> Minimum hours specified in C.1(b)(1)(ii) and C.1(b)(1)(iii) may overlap as long as the SBHC is open for services at least 15 hours/week (as specified in C.1(b)).

## D.2 Eligibility for services minimum requirements

All students in the school are eligible for services per Oregon Revised Statutes (ORS).

- a. Students shall not be denied access to services based on insurance status or ability to pay.
- b. Students shall not be denied access to services based on race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age or disability in accordance with applicable laws, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes Chapter 659A.
- c. Minors 15 years of age or older may consent for medical and oral health services (ORS 109.640).
- d. Minors 14 years of age or older may consent for outpatient mental health, drug or alcohol treatment (excluding methadone) (ORS 109.675).
- e. Minors of any age may consent for birth control-related information and services, as well as testing and treatment for sexually transmitted infections (STIs) including HIV (ORS 109.640, ORS 109.610).
- f. If needed services are not available onsite, appropriate referral is required.

## D.3 Policies and procedures minimum requirements

- a. SBHCs must have SBHC-specific written policies set forth and in place for:
  - (1) Consent for SBHC services (parent/guardian and/or client);
  - (2) Release of information and/or access to medical records to parents when requested by parents and/or guardians;
  - (3) Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits;
  - (4) Emergency procedures (disaster/fire/school violence);
  - (5) Reporting of child abuse and maltreatment;
  - (6) Complaint and incident review;
  - (7) Parent and/or guardian involvement;
  - (8) Coordination of care between providers with shared clients (physical/behavioral/oral/specialty care);
  - (9) Continuity of care (when SBHC is closed or client transitioning out of care); and
  - (10) Information sharing between school nurse and SBHC staff.
- b. Each written policy and procedure shall be reviewed and approved every two years.
- c. SBHCs shall have a designated Privacy Official who is responsible for health information privacy, including compliance with HIPAA/FERPA and Oregon privacy laws.

## Section E Comprehensive Pediatric Health Care

### E.1 Comprehensive pediatric health care minimum requirements

- a. SBHCs must provide pediatric health care in line with nationally recognized standards of care, including recommendations from American Academy of Pediatrics Bright Futures guidelines.
- b. The following table specifies the minimum level of comprehensive pediatric health care services that must be available either:
  - (1) **Onsite:** Services are available onsite at the SBHC;
  - (2) **Onsite\*:** Laboratory testing available onsite as point of care testing;
  - (3) **Onsite+:** Laboratory must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing; or
  - (4) **Referral:** Services and laboratory testing available by referral (if not on site) with system for tracking referrals and follow up.

| <b>Table 2: Comprehensive Pediatric Health Care Minimum Requirements:</b> |  |
|---|--|
| <b>Comprehensive Pediatric Health Care</b>                                | <b>Minimum Level of Service Required</b> |
| <b>History</b>  |  |
| Comprehensive medical histories   | Onsite                                   |
| <b>Measurements</b>   |  |
| Height and weight   | Onsite                                   |
| Body Mass Index (BMI)   | Onsite                                   |
| Blood pressure  | Onsite                                   |
| <b>Sensory Screening</b>  |  |
| Vision  | Onsite                                   |
| Hearing   | Referral                                 |
| <b>Physical Health Services</b>   |  |
| Comprehensive physical exams  | Onsite                                   |
| Evaluation and treatment of non-urgent, acute and chronic conditions      | Onsite                                   |
| Medical specialty services  | Referral                                 |
| <b>Developmental/Behavioral Services<sup>1</sup></b>                      |  |
| Health assessment <sup>2</sup>  | Onsite                                   |
| Assessment of educational, achievement, and attendance issues             | Onsite                                   |
| Developmental assessments   | Onsite                                   |
| Psychosocial/behavioral assessment  | Onsite                                   |
| Depression screening  | Onsite                                   |

<sup>1</sup> Behavioral health services are inclusive of behavioral health and substance abuse.

<sup>2</sup> Health assessments may be completed through a health assessment tool or through documented assessment of health risks and strengths (e.g., physical growth and development, emotional well-being, violence and injury prevention, etc.).

| <b>Table 2: Comprehensive Pediatric Health Care Minimum Requirements:</b> |  |
|---|--|
| <b>Comprehensive Pediatric Health Care</b>                                | <b>Minimum Level of Service Required</b> |
| Alcohol and other drug screening  | Onsite                                   |
| Alcohol and other drug assessment <sup>1</sup>                            | Referral                                 |
| Prescriptions for mental health conditions                                | Referral                                 |
| Individual, group and family counseling and treatment                     | Referral                                 |
| Social Services assessment and referral                                   | Referral                                 |
| <b>Oral Health Services</b>   |  |
| Visual inspection of teeth and gums                                       | Onsite                                   |
| Preventive oral health education and counseling                           | Onsite                                   |
| Fluoride supplement prescription  | Onsite                                   |
| Comprehensive oral health evaluation and treatment                        | Referral                                 |
| <b>Reproductive Health Services</b>                                       |  |
| Reproductive health exam  | Onsite                                   |
| Prescriptions for contraceptives  | Onsite <sup>2</sup>                      |
| Condom availability   | Onsite <sup>2</sup>                      |
| STI prevention education and treatment                                    | Onsite                                   |
| Pregnancy prevention education  | Onsite                                   |
| Prenatal care   | Referral                                 |
| HIV counseling  | Onsite                                   |
| HIV treatment   | Referral                                 |
| <b>Anticipatory Guidance</b>  |  |
| Provision of age appropriate anticipatory guidance                        | Onsite                                   |
| Targeted patient education  | Onsite                                   |
| <b>Procedures</b>   |  |
| Immunizations   | Onsite                                   |
| Urinalysis  | Onsite*                                  |
| Hematocrit or Hemoglobin  | Onsite*                                  |
| Blood glucose   | Onsite*                                  |
| Strep throat <sup>3</sup>   | Onsite*                                  |
| Pregnancy testing <sup>4</sup>  | Onsite*                                  |
| STI screening and testing <sup>5</sup>                                    | Onsite+                                  |
| HIV screening and testing   | Onsite+                                  |
| Tuberculosis  | Referral                                 |
| Lead screening and testing  | Referral                                 |
| Dyslipidemia screening  | Referral                                 |

<sup>1</sup> A written agreement with the outside provider or agency must be in place to provide services and for sharing of information necessary to provide coordinated care.

<sup>2</sup> Providing access to contraceptives is a clinical best practice recognized by the American Academy of Pediatrics, the Institute of Medicine, and the Centers for Disease Control and Prevention. However, SBHCs may provide these services via Referral if the local community declines to offer them onsite at the SBHC.

<sup>3</sup> Rapid or culture

<sup>4</sup> UHCG

<sup>5</sup> Chlamydia, GC, syphilis

## E.2 Immunizations

- a. SBHCs must be enrolled in the Vaccines for Children (VFC) program and meet the federal and state requirements of this program.
- b. SBHCs must designate an Immunization Coordinator who is fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all requirements of the Oregon VFC program. The individual is the SBHC’s liaison to the Oregon Immunization Program and LPHA immunization coordinator.

## E.3 Equipment

- a. Equipment must be maintained and calibrated per manufacturer and/or agency guidelines.
- b. SBHCs must have a process in place for Quality Assurance per manufacturer and/or agency guidelines.
- c. SBHCs must have appropriate emergency medical equipment per agency guidelines that is inspected regularly.

## E.4 Medications

- a. Any medications kept on site must be kept in accordance with local, state and federal rules and regulations.

## E.5 Laboratory certification minimum requirements

- a. SBHCs must meet Code of Federal Regulations (CFR) requirements and hold a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of testing performed or participate in a multiple-site CLIA certificate.
- b. Lab equipment must be maintained and/or calibrated regularly to meet all CLIA manufacturer or SBHC policy requirements.

## E.6 Laboratory reporting minimum requirements

- a. SBHCs must have signed, SBHC-specific written procedures set forth and in place that ensure:
  - (1) Timely review of lab results by an authorized provider (ORS 438.430(1))
  - (2) Documentation and follow-up of abnormal labs, and
  - (3) Confidential handling of lab results

## Section F: Data collection/reporting

### F.1 Data collection requirements

- a. SBHCs must maintain an electronic data collection system that is compatible with the SPOs data collection system and has the capacity to collect the required variables listed below. Compatibility means the system can export required variables in a useable format. \
- b. Data collection and reporting requirements apply to all ongoing services (including physical, behavioral and oral health) provided onsite at the SBHC, regardless of the age of the client.

### F.2 Data variable requirements

- a. Certain data variables shall be collected at each encountered visit including:
  - (1) Unique patient identifier (not name);
  - (2) Medicaid ID #
  - (3) Date of birth;
  - (4) Gender;
  - (5) Race;
  - (6) Ethnicity;
  - (7) Preferred language;
  - (8) Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare);
  - (9) Payor name;
  - (10) Total charges;
  - (11) Total payments;
  - (12) Date of visit;
  - (13) Location of visit (site identification);
  - (14) Provider type (as defined by SPO);
  - (15) Provider name
  - (16) National Provider Identifier (NPI)
  - (17) Visit procedure code(s);
  - (18) Procedure code modifiers; and
  - (19) Diagnostic code(s) (most recent ICD and DSM code(s)).

### F.3 Data reporting requirements

- a. SBHCs shall submit encounter data to the SPO twice annually.
- b. SBHCs shall complete an annual chart review based on SPO-required key performance measures, to be submitted to the SPO annually.
- c. SBHCs shall administer student satisfaction surveys according to SPO requirements and submit survey data to the SPO a minimum of twice annually.
- d. SBHCs shall keep an up-to-date Operational Profile with information about clinic operations.

## Section G: Billing

### G.1 Billing requirements

- a. All providers whose provider type is eligible to enroll with the Oregon Health Plan (OHP) must enroll with and bill OHP.
- b. Providers should be credentialed with and billing private insurance companies for reimbursement whenever possible.
- c. SBHCs must determine whether their Coordinated Care Organization(s) (CCOs) have mechanisms for maintaining confidentiality when billing for services (e.g. ability to suppress EOBs for confidential visits). If a procedure does not exist, the SBHCs should work with the CCO to determine the best method for the SBHC to bill for services while preventing an inadvertent disclosure of personal health information.
- d. SBHC must have processes in place to support patients with private insurance to request confidential communications per OAR 836-053-0600 through 836-053-0615.

## Section H: Terminology

| H.1 Definitions (OAR 333-028-0210)       |  |
|--|--|
| Term                                     | Definition   |
| <b>Authority</b>                         | Refers to the Oregon Health Authority  |
| <b>Certification year</b>                | A one-year period beginning on July 1 and ending on June 30.   |
| <b>Electronic Health Record (EHR)</b>    | An electronic record of an individual’s health-related information that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care provider   |
| <b>Electronic Medical Record (EMR)</b>   | A digital version of a paper chart that contains all of the patient’s medical history from one practice. An EMR is mostly used by providers for diagnosis and treatment.   |
| <b>Program</b>                           | Refers to Oregon Health Authority, Public Health Division, School-Based Health Center program.   |
| <b>School-Based Health Center (SBHC)</b> | Has the meaning given the term in ORS 413.225.   |
| <b>SBHC system</b>                       | Is one or more SBHCs that operate under the same sponsoring agency.  |
| <b>Sponsoring agency</b>                 | Is an entity that provides the following services for a SBHC or contracts with another entity to provide one or more of the following: <ul style="list-style-type: none"> <li>- Funding;</li> <li>- Staffing;</li> <li>- Medical oversight;</li> <li>- Liability insurance; and</li> <li>- Billing support.</li> </ul> |

| <b>H. 2 Acronyms/abbreviations</b> |   |
|------------------------------------|---|
| <b>ADA</b>                         | Americans with Disabilities Act                       |
| <b>AOD</b>                         | Alcohol and other drugs                               |
| <b>BMI</b>                         | Body Mass Index                                       |
| <b>CCO</b>                         | Coordinated Care Organization                         |
| <b>CFR</b>                         | Code of Federal Regulations                           |
| <b>CLIA</b>                        | Clinical Laboratory Improvement Amendments            |
| <b>CPT</b>                         | Current procedural terminology                        |
| <b>Ccare</b>                       | Contraceptive Care                                    |
| <b>D.O.</b>                        | Doctor of Osteopathy                                  |
| <b>DMAP</b>                        | Department of Medical Assistance Programs (Medicaid)  |
| <b>D.M.D.</b>                      | Doctor of Dental Medicine                             |
| <b>DSM V</b>                       | Diagnostic and Statistical Manual of Mental Disorders |
| <b>E.F.D.A.</b>                    | Expanded Function Dental Auxiliary                    |
| <b>EHR/EMR</b>                     | Electronic Health Records/Electronic Medical Records  |
| <b>EOB</b>                         | Explanation of Benefits                               |
| <b>FERPA</b>                       | Family Educational Rights and Privacy Act             |
| <b>FTE</b>                         | Full-time equivalent                                  |
| <b>GC</b>                          | Gonorrhea   |
| <b>HIPAA</b>                       | Health Insurance Portability and Accountability Act   |
| <b>HIV</b>                         | Human immunodeficiency virus                          |
| <b>ICD</b>                         | International Classification of Disease               |
| <b>IUD</b>                         | Intrauterine device (contraceptive)                   |
| <b>LPHA</b>                        | Local Public Health Authority                         |
| <b>L.P.N</b>                       | Licensed Practical Nurse                              |
| <b>M.D.</b>                        | Doctor of Medicine                                    |
| <b>N.D.</b>                        | Naturopathic Doctor                                   |
| <b>N.P.</b>                        | Nurse Practitioner                                    |
| <b>N.P.I.</b>                      | National Provider Identifier                          |
| <b>NPP</b>                         | Notice of Privacy Practices                           |
| <b>OAR</b>                         | Oregon Administrative Rules                           |

| <b>H. 2 Acronyms/abbreviations</b> |   |
|------------------------------------|---|
| <b>OHP</b>                         | Oregon Health Plan  |
| <b>OTC</b>                         | Over-the-counter  |
| <b>OSPHL</b>                       | Oregon State Public Health Laboratory                           |
| <b>ORS</b>                         | Oregon Revised Statutes   |
| <b>OSHA</b>                        | Occupational Safety and Health Association                      |
| <b>P.A.</b>                        | Physician Assistant   |
| <b>PPD</b>                         | Intradermal tuberculosis screening test                         |
| <b>QA</b>                          | Quality assurance   |
| <b>QMHP</b>                        | Qualified Mental Health Professional                            |
| <b>R.D.H.</b>                      | Registered Dental Hygienist                                     |
| <b>R.N.</b>                        | Registered Nurse  |
| <b>RX</b>                          | Prescription medication   |
| <b>SBHC</b>                        | School-Based Health Center                                      |
| <b>STI</b>                         | Sexually transmitted infection                                  |
| <b>SPO</b>                         | State Program Office  |
| <b>UHCG</b>                        | Urine human chorionic gonadotropin (qualitative pregnancy test) |
| <b>VFC</b>                         | Vaccines for Children   |

| <b>H.3 SBHC Role Descriptions</b>   |  |
|---|--|
| <b>Role</b>   | <b>Definition</b>  |
| <b>Sponsoring Agency</b>  | Entity or entities that provides the following services for a SBHC or contracts with another entity to provide one or more of the following: funding, staffing, medical oversight, liability insurance, billing support, and space. SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor. All sponsoring agencies must have a written agreement with the SBHC describing their role in SBHC operations. (Standards B.1 (a) (b) (h)). |
| <b>Medical Sponsor</b>  | Entity that provides the following: medical liability coverage, ownership of medical records, and designation of a SBHC Medical Director (Standards B.1(f)).   |
| The following role descriptions are in alphabetical order. This matches the alphabetical order of staff roles listed on the STAFF DETAIL in the Operational Profile. Individual staff may fulfill multiple roles, depending on local capacity and organizational structure. |  |
| <b>Health Department Administrator</b>  | The individual, an employee of the Local Public Health Authority (LPHA), responsible for supervising the activities of the LPHA in accordance with law. This person is appointed per ORS 431.418. This individual’s responsibilities and qualifications are described in the <a href="#">Minimum Standards for Local Health Departments in Oregon.</a>   |
| <b>Health Department Nursing Supervisor</b>   | The individual, an employee of the LPHA, responsible for carrying out the responsibilities of the LPHA in accordance with law. This individual’s responsibilities and qualifications are described in the <a href="#">Minimum Standards for Local Health Departments in Oregon.</a>  |
| <b>Health Department Primary SBHC Contact</b>   | The individual, an employee of the LPHA, who is responsible for communication/liaison between SBHC and the LPHA. (Standards B.1 (j)).  |
| <b>Immunization Coordinator</b>   | The individual who is designated and fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all requirements of the Oregon Vaccines for Children (VFC) program. This individual is the SBHC’s liaison to the Oregon Immunization Program and LPHA immunization coordinator (Standards E.2 (b)).   |
| <b>Laboratory Coordinator</b>   | The individual who is designated and fully trained to liaise with the Laboratory Director for laboratory activities within the SBHC. Note: The Laboratory Director is the individual named on the SBHC’s CLIA license that is responsible for the overall operation and administration of the laboratory (Standards E.5-6).  |
| <b>Medical Director</b>   | The individual who is employed by the medical sponsoring agency and must be a M.D., D.O., N.D. or N.P. licensed to practice independently in Oregon with the population being served. The Medical Director must have prescriptive authority and be actively involved in development of clinical policies and procedures, review of medical records and clinical oversight. (Standards B.1 (g)).  |

| <b>H.3 SBHC Role Descriptions</b>           |   |
|---|---|
| <b>Role</b>                                 | <b>Definition</b>   |
| <b>Nurse</b>                                | RN, LPN with assigned staff hours at the SBHC. The individual provides direct patient care. (Standards D.1 (b)).  |
| <b>Office/Health/Medical Assistant</b>      | Support staff with assigned staff hours at the SBHC. (Standards D.1 (b)).   |
| <b>Oral Health Provider</b>                 | DMD, EFDA, RDH with assigned staff hours at the SBHC. The individual provides direct patient care. (Standards D.1 (b)).   |
| <b>Primary Care</b>                         | MD, DO, ND, NP, PA with assigned staff hours at the SBHC. The individual provides direct patient care. (Standards D.1 (b)).   |
| <b>Privacy Official</b>                     | The individual responsible for health information privacy, including HIPAA/FERPA and Oregon privacy laws. The Privacy Official is responsible for the SBHC’s privacy policies and procedures and for ensuring all staff has completed privacy training. (Standards D.3 (c)).  |
| <b>Qualified Mental Health Professional</b> | QMHP with assigned staff hours at the SBHC. The individual provides direct patient care. The individual must be trained at master’s degree level in a mental health field; be eligible for reimbursement for services; be able to or have an agreement with a licensed professional to prescribe medications for mental health conditions as clinically indicated; and provide AOD assessment through the sponsoring agency or through referral to an outside provider (Standards D.1 (b)). |
| <b>Quality Assurance Coordinator</b>        | The individual responsible for the SBHC’s quality improvement processes. These processes include monitoring, coordinating, reporting, and evaluating the following: visit/encounter data, student satisfaction surveys, and Key Performance Measures. (Standards B.1 (e)).  |
| <b>SBHC Administrator</b>                   | An individual with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC. They may share duties with the SBHC Site Coordinator. (Standards B.1 (d)).   |
| <b>SBHC Site Coordinator</b>                | An individual who is employed by at least one of the sponsoring agencies of the SBHC. They are the primary contact to the State Program Office (SPO). They act a liaison between the SBHC, SPO, LPHA and other SBHC community partners. They are responsible for attending SPO meetings, preparing for and attending verification site visits, and completing the Operational Profile (Standards C.2 (c)).  |

**Contact information**

SBHC State Program Office

For questions, please send an email to [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us) or call 971-673-0871 or fax 971-673-0250.

**Additional Information**

Oregon Health Authority,  
School-Based Health Center Program  
[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

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PUBLIC HEALTH DIVISION  
School-Based Health Center Program  
800 NE Oregon St., Suite 805  
Portland, OR 97232 | 971-673-0871  
[sbhc.program@state.or.us](mailto:sbhc.program@state.or.us)  
[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

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